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ABSTRACT

Oklahoma's policies regarding developing and implementing individualized education programs (IEPs) for handicapped students are set forth. An introductory section lists local education agency responsibility. Policies are detailed in succeeding chapters for the following aspects (sample subtopics in parentheses): screening (public awareness, personnel involvement); referral (observation checklists); evaluation (procedural safeguards, assessment of severely handicapped); eligibility (standards for special education classes); IEP development (team composition, program composition); placement (least restrictive environment); annual review of placement; terminology; and confidentiality. (CL)

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Developing and Implementing Individual Education Programs

DEVELOPED IN COOPERATION
WITH
THE MIDWEST REGIONAL RESOURCE CENTER

1332 16th Street
DRAKE UNIVERSITY
Des Moines, Iowa 50311

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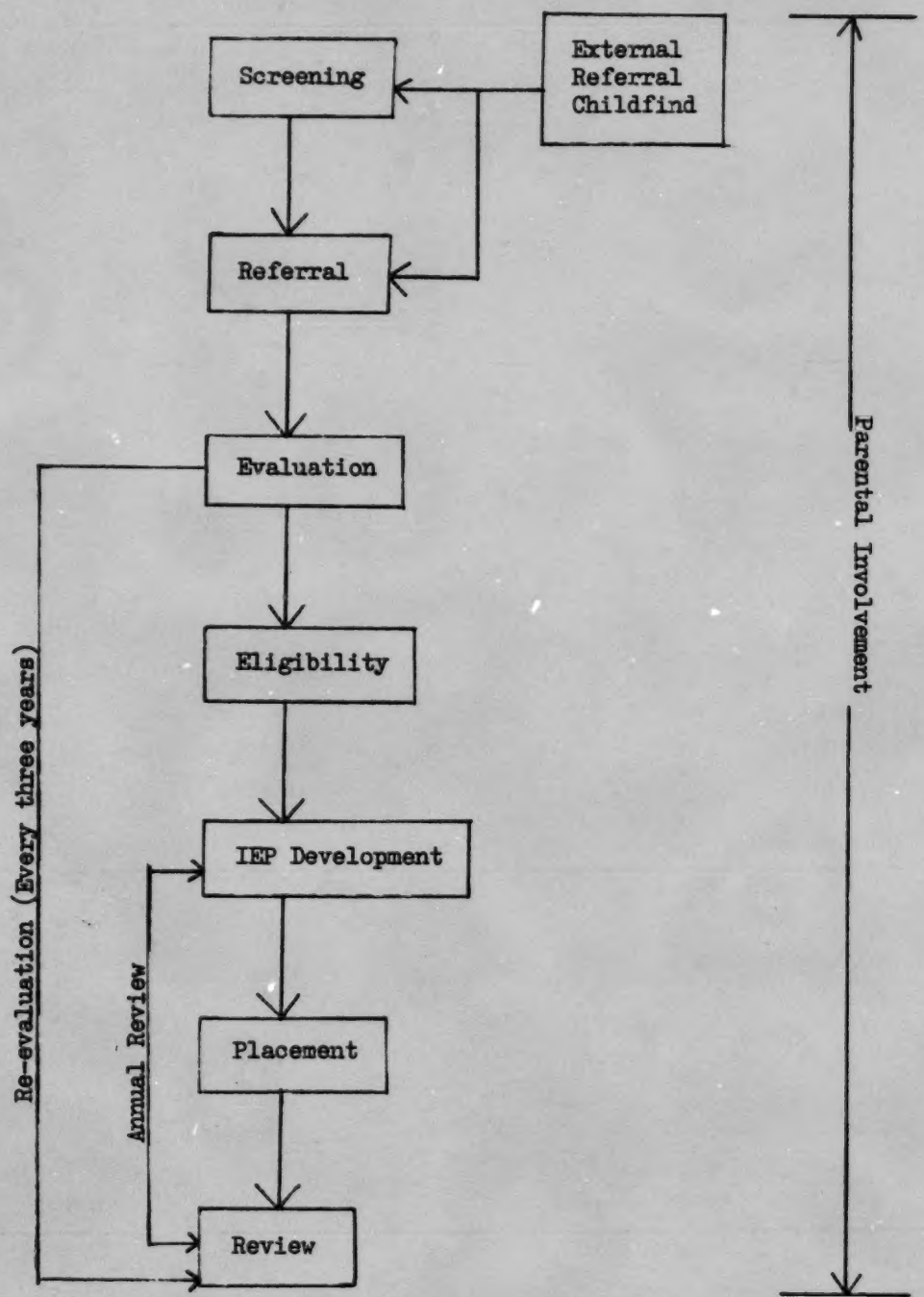
EDUCATIONAL FLOWCHART FOR PLACEMENT OF A HANDICAPPED CHILD



LOCAL RESPONSIBILITY

At the outset, it must be recognized that special education is a part of the regular education program, and as such is a direct responsibility of the local administration. The success or failure of such a program will depend, in a large measure, on the soundness of administrative policies in establishing and maintaining these services.

The first step is to make a comprehensive survey to determine the number and type of children in the district who are in need of special services. This survey must include those children who are not enrolled in school since many of these children are not in attendance because the regular school program does not, or has not, met their need. Special techniques for determining the extent of the need are discussed under the headings devoted to the various types of exceptional children.

If a survey discloses a sufficient number of any one group to warrant the establishment of a special class or classes, the administrator should carefully consider the advisability of such a step, in the light of added classroom space and teacher-community acceptance. It is not expected that any school will begin with an ideal program, but will begin where it is and develop in the right direction. However, there are some obvious minimum essentials that must be met at the outset.

In these days of crowded schools, the problem of added classroom space sometimes seems insurmountable and it may seem impossible for the administrator to make provision for the exceptional children; however, it should be recognized that these children have a right to their share of what is available.

The types and amount of equipment will vary with the number and kind of special classes organized.

To ensure the education of all handicapped children, the LEAs have the responsibility to:

1. Seek out and locate all children within the LEA with possible handicapping conditions, including those served by other public and private agencies,

2. Provide for the comprehensive evaluation of educational needs, the development of individualized educational plans, and the provision of appropriate educational services for every handicapped child in the LEA,

3. Operate educational programs to serve handicapped children in accordance with policies, procedures, and guidelines established by the State Department of Education,

4. Coordinate services for handicapped students in the LEA provided by the schools, other public and private agencies, and individuals,

5. Contract with other LEAs, public and private agencies, and individuals to provide appraisal, instructional, and support services to handicapped children,

6. Extend, at a minimum, equal effort on behalf of the education of each handicapped child as expended for the education of each nonhandicapped child,

7. Develop and approve the special education plan and budget and submit the plan, after approval by the local school board, to the State Department of Education,

8. Provide a special education inservice training program for LEA personnel to maintain and improve their skills and abilities in serving handicapped children,

9. Provide for due process for handicapped children and their parents in accordance with procedures established by the State Department of Education,

10. Maintain information records of all handicapped students in such a manner as to protect confidentiality of information and to allow parental access to information,

11. Provide such reports concerning the education of handicapped children as required by the State Department of Education,

12. Maintain information on state and local educational programs for the handicapped, parent organizations, and other services for the handicapped and provide such information to parents of handicapped children,

13. Provide for a multi-sourced diagnostic evaluation and a comprehensive staffing of all handicapped students receiving special education services. All tests administered will be as free of discrimination as possible, considering the population upon which they are standardized and the population to which they are administered.

Future Buildings

In planning future buildings, boards of education are urged to take into consideration the needs of exceptional children. Better accommodations can be obtained at less expense if provisions are made for adequate space for special classes when the structure is being erected.

Consult the May 4, 1977 Regulations for Section 504 of the 1973 Vocational Rehabilitation Act for specific requirements concerning the removal of architectural barriers.

SCREENING

Screening is a process used by schools to obtain information about the unique needs and abilities of each child. Since each child functions as an individual with specific needs, accomplishments, and potential, the results of the screening program will enable the school to determine if individual differences are significant enough to require special programming.

The results of screening may indicate a need for specific educational adjustments within the regular classroom structure or a need for more intense assessment to appropriately determine the best method to assist the child's total development.

The screening must be a part of the regular educational program and within the scope of routine educational practice. Parental consent is not required and need not be obtained before screening is done if the group test is routinely administered to all students. However, if individual testing is being done, parent consent must be obtained. Parents do need to be informed about the screening program and their rights to have access to the results.

Every child attending school must be included in the screening program. Each school district should also develop a screening procedure for preschool children. This screening of preschool children should be similar in scope to the kindergarten screening program. (See Developmental Scales) Parent information can be particularly valuable in providing pertinent information.

Results of Screening

The results of the screening do not in themselves justify a major change in a child's educational program. The outcome of the screening process leads to one of three alternatives:

1. The student's needs are being satisfactorily met through his present placement and/or the student does not need further supportive or supplemental services. For example, results of visual screening may indicate good vision; thus, no further action is needed.

2. The student's needs can be met by the teacher initiating adjustments within the classroom environment such as making learning assignments which are compatible with the child's special interests or working in conjunction with another teacher who has some specific intervention skills.

3. A more comprehensive assessment is needed to determine specific strengths and weaknesses so that an appropriate educational program can be designed to ensure full development of the child's potential. The classroom teacher alone should not be responsible for making all of the decisions at this point. One type of support which might be provided is inservice education for teachers in interpretation of specific screening results and development of skills in the administration of screening devices. Consultative help by personnel workers would be most beneficial as a support to the regular teacher. At no time, can one expect classroom teachers to be knowledgable and competent in interpreting the results of every screening device.

Emphasis is placed on screening programs in the primary grades so that students' problems can be identified early and appropriate educational strategies can be initiated. The screening program for kindergarten and first grade should include, but need not be limited to, the following areas:

1. A medical report, including any specific health problems as malnutrition, allergies, seizures or any other health condition which might interfere with school performance.

2. Vision and hearing screening, using audiometric and telebinocular instruments.

3. Visual and auditory perception under conditions comparable to normal classroom environment.

4. Academic, social, and developmental levels.

Public Awareness

Process for screening all students transferring into the school system should consist of:

1. Review of student records, when available, for handicapping conditions or need for special services;

2. If records are not available, either:

   a. contact the last school system attended for access to the records, or
   b. contact the home;

3. If needs for special education are indicated, a screening or diagnostic technique, as well as the standard referral process, is necessary.

Similar methods for screening will apply to all students referred by the teacher, parents or other persons outside the school system by following the LEA standard referral procedures.

Each LEA will make provisions for developing screening techniques and procedures. A number of methods can be used depending upon the availability of personnel, their qualifications, time requirements, and monetary factors. The following are some suggested screening techniques to be utilized in designing screening programs:

1. Use of standardized test instruments. For example, group readiness tests are often used as a screening tool for primary age children. Group achievement tests can serve as a tool for screening academic skills. Group aptitude tests may also be used, but provisions should be made to see that the results are interpreted with care.

2. Documented classroom observations is a particularly effective way to screen students academic and social skills. (See Auditory and Vision Checklist)

Teacher rating scales. School systems should incorporate teacher information into the screening process to take advantage of the teachers' knowledge of their students. Instruments which allow teachers to rate their students in a comparative manner, using specific criteria, can be locally developed or can be adapted from numerous devices found in educational literature. Teachers can rate their students with much accuracy in such areas as academic and social skills, perceptual ability, perceptual motor functioning, and vocational interest. Inservice programs are essential, however, to assist teachers in interpreting specific screening results and to assist in the administration of some screening devices.

Personnel Involved In The Screening Program

The development of a comprehensive screening program is considered the superintendent's responsibility with the aid of the local central office staff and, in some cases, through a cooperative or contractual arrangement. To be consistent it should not be left to the discretion of a principal, guidance counselor or classroom teacher at the individual school level. A comprehensive, consistent, well-planned program should originate from the central office with input from the personnel at the local school level.

The screening program should be implemented by school personnel, qualified professionals, and paraprofessionals working in collaboration with each other. System-wide staff training should be provided to ensure the quality and effectiveness of the screening program.

Each component of the screening program should be done by appropriately qualified or trained staff. Personnel should only be allowed to use their expertise in the areas of their proven competencies. For example, if teacher rating scales are to be utilized, the teacher should be given an orientation to the instrument; further, a person involved in visual screening should be sufficiently trained by a qualified professional. Thus, personnel involved in the screening program should be adequately trained in the proven and necessary competencies of that area of the screening process.

The educational screening of every kindergarten, first, and second grade student in every school district in the state can be administered through the twenty (20) State Regional Education Service Centers in accordance with Section 8 of Senate Bill 581.

*Identification Information for Out-of-school Children

Child's Name _____ Date _____

Child's Current Address _____

Child's Age _____ Child's Date of Birth _____

Parent (s) or Guardian's Name _____ Phone _____

Current Address _____

Person Completing Form _____ Position _____

Educational Status _____

1. Has the child ever attended school? _____yes _____no

2. If yes, last full year attended. _____

3. For what reason is the child not attending public school?

_____ a. Child has not been presented to the school
_____ b. Admission postponed
_____ c. Excluded because of mental, physical or emotional disability
_____ d. Excused because he was unable to profit from further school attendance
_____ e. Has graduated from high school
_____ f. Is institutionalized
_____ g. Attending non-public school

Present Status

1. _____ Currently living in the community and not in any programs and not on any waiting list.

2. _____ Currently on a waiting list and not enrolled in any type of program.

3. _____ Currently enrolled in:

___ State Residential Center
___ State Mental Hospital
___ Sheltered Workshop
___ Other special school or program Explain
___Day Care Program
___Headstart of Preschool Program
___Juvenile Correction

*To be completed by or returned to the Placement Committee Chairperson. (Applied to children not currently enrolled in the local school district.)

Developmental Scales

Four to Six Months: General

A. Baby makes a greater variety of sounds.

B. Baby smiles and laughs as he makes sounds.

C. Baby shows interest in the people or objects around him.

D. Baby can sit propped up 10 to 15 minutes.

E. Baby rolls over.

F. Baby seems to talk to people around him by making sounds.

G. Baby has syllables appear in his sound play (like "bee," "da," "moh," "pa," etc.) even though they do not refer to any particular person or thing.

H. Baby makes voice sounds when he's alone.

I. Baby seems to know there's a difference between strangers and the people he sees every day.

J. Baby uses his voice to: (circle appropriate response)

1. Get attention (like demanding his bottle).
2. Reject something unpleasant (Like certain foods or taking a bath)
3. Shows enthusiasm (when he sees his bottle, or hears his mother's voice).

K. Baby likes to say over and over one syllable such as "da, da, da, da..."

L. Baby makes sounds for his toys or sounds when looking at himself in a mirror.

M. Baby knows when others are talking in a friendly or angry way.

N. Baby uses combinations of sounds (such as "ma-ba" or pa-wa").

O. Baby sits and holds his head without support.

At Six Months: Hearing

A. Baby turns toward familiar sounds (like a dog barking).

B. Baby babbles or tries to imitate sounds other people make.

SIX TO TWELVE MONTHS

Seven to Nine Months

A. Baby responds to voice and physical gestures with consistency.

B. Baby changes objects (such as a toy) from one hand to the other.

C. Baby sits by himself or sits by leaning on his hands.

D. Baby sometimes sounds as if he's trying to carry on a conversation with you.

E. Baby understands familiar words like "Bye-bye and "Up we go" when they are used with gestures.

F. Baby recognizes his name and a few familiar words.

G. Baby uses in a meaningful way words that you recognize. Some common words you might hear him say at this time are: "Mama," "Dada," "me," "No," or "Mine." He may even say names of family pets, brothers, or sisters.

H. Baby stops what he's doing when you say, "No, no."

I. Baby recognizes his mother by sight.

J. Baby waves bye-bye at the right time and understands games like "Pat-a-cake."

K. Baby inspects things.

L. Baby grabs or pulls at objects and toys.

Ten to Twelve Months

A. Baby is friendly to people.

B. Baby crawls on his hands and knees.

C. Baby sits unsupported for long periods of time, while he plays with objects and toys.

D. Baby tries to help you dress him, for example, by pushing his arm into a sleeve.

E. Baby pulls himself to a standing position.

F. Baby tries to imitate facial expressions.

G. Baby tries to imitate some of your physical gestures.

H. Baby uses his voice to get attention.

I. Baby has a talking vocabulary of two words (other than "Mama" or "Dada") that describes an object or situation like "Aw done (all done), "Nai nai" (night night), or "Kaakah" (cracker).

J. Baby often waves and says "Bue-bue_.

K. Baby repeats his behavior, if you laugh at it.

L. Baby seems to enjoy listening to people talk.

M. Baby tries to follow simple directions such as "Stand up," "Close the door," "Turn around," or "Come here," if you give them <u>one at a time</u>.

TWELVE TO EIGHTEEN MONTHS

Fifteen to Eighteen Months: General

A. Child says four to six different words.

B. Child tells you what he wants by pointing and saying a few words.

C. Child understands words and phrases when gestures are used.

D. Child climbs stairs on all fours without help.

E. Child walks alone.

F. Child helps turn the pages of a book.

G. Child understands "Give that to me." when it's used with appropriate gestures.

H. Child recognizes the name of most common objects. Try out these questions, putting in the blanks the words listed below, one after the other.

Where is the ____?	Show me the ____?	Give me the ____?	
ball	scissors	bottle	window
table	cat	buggy	girl
bed	dog	diaper	car
door	stove	boy	apple

I. Child points to body parts when they are named. Where is your mouth? Where is your eye? Where is your arm? Where is your hand? Where is your foot? Where is your leg? Where are your fingers? Where are your toes?

J. Child occasionally puts two words together to make a sentence.

K. Child uses the names of familiar things, such as book, cup, clock, water, or ball.

L. Child seems to use the word "No" a great deal.

M. Child says "Hi" and "Bye-bye" (or words that mean the same thing) at the right time.

N. Child sometimes imitates the words you say in a parrot-like echo.

O. Child likes to listen to rhymes and songs and interesting sounds repeated.

At Eighteen Months: Physical Abilities

A. Child tries to catch and throw a ball.

B. Child turns the pages in a book, even though he usually turns more than one page at a time.

C. Child pulls a toy as he walks backward.

D. Child feeds himself, even though he spills.

E. Child climbs into an adult chair.

F. Child walks upstairs with one hand by an adult.

G. Child walks well enough so that he seldom falls.

EIGHTEEN TO TWENTY-FOUR MONTHS

Twenty one to Twenty four Months

A. Child combines words that express two or more ideas, such as Daddy go bye-bye.

B. Child's talking vocabulary includes about twenty or more words.

C. Child often gestures when he talks.

D. Child relies more on words and less on gestures to get his ideas and feelings across.

E. Child has begun to use words like mine, me and you.

F. Child enjoys games in which he names things he sees.

G. Child asks you to tell him the names of things with questions like "What's this?" or "What's that?"

Understanding Language

A. Child enjoys listening to simple stories, especially those he's heard before.

B. Child understands and follows single directions like "Put the ball on the chair" "Sit down,""Turn around," "Bring me the paper," "Cover up," "Give the ball to me," or "Pick up the ball."

C. Child shows you he understands by pointing to the appropriate picture when you ask, "Show me a dog," "Show me a man," or "Show me a hat."

Physical Activities

A. Child can turn the pages of a book one at a time.

B. Child can scribble with a pencil or crayon.

C. Child can draw in a circular motion, if you show him how.

D. Child can usually run without falling.

TWO AND ONE HALF TO THREE YEARS

General

A. Child uses three words in an average sentence.

B. Child is beginning to understand number concepts like "one" and "many", child understands, "Get me one block" or "Get me lots of blocks."

C. Child listens to longer stories.

D. Child can identify seven pictures by hearing their names when you say, "Find _____"(fill in the blank with words like dog, cup, shoe, flag, house, clock, star, leaf, basket, book).

E. Child organizes his thoughts and words to tell a story, share his ideas, or express his feelings.

F. Child refers to himself by the word, "I".

G. Child is understandable to people outside of the family even though his speech isn't perfect.

H. Child's memory has improved by now. (Can he remember what happened yesterday, even though he may not completely understand words like "yesterday" and "tomorrow".)

I. Child counts to three.

J. Child learns from what he hears.

K. Child can tell you his first and last name.

L. Child knows how old he is and the name of the street where he lives.

Physical Activities

A. Child can ride a tricycle using the pedals.

B. Child can put on his own shoes (except typing them).

C. Child can feed himself without too much spilling.

D. Child can remember three directions at a time without your repeating them while he's doing them. (For example: "Shut the door, get your hat, and sit down." Or "Pick up the chalk, draw a circle, and erase it." Or "Pick up the books, give them to me, and sit down in your chair."

E. Child likes to do things for himself.

F. Child can match some color. (Show him something that is red, for instance. Ask him to find a color that's like it.)

G. Child enjoys playing with other people.

H. Child pays attention for at least seven minutes to any one activity, even though more time is spent on activities he likes best.

THREE AND ONE HALF TO FOUR YEARS

A. Child's sentences average four to five words.

B. Child talks about imaginary conditions. (For example: Does he say, "Suppose that..." or "I hope...")

C. Child can tell a story, although he misuses some words and has some strange word combinations.

D. Child asks a lot of questions, including questions to which he already knows the answers.

E. Child can repeat a sentence of eight or nine syllables. (Ask him to say, "We are going to buy some candy.")

FOUR AND ONE HALF TO FIVE YEARS

General

A. Child can define four or more common words and their uses. (Examples: hat, shoe, book, stove, dish, table, and house.)

B. Child helps with simple household tasks.

C. Child can count to ten out loud.

D. Child talks with very few sound errors.

E. Child asks questions for information or word meaning rather than merely for something to do.

F. Child spends time looking at books and enjoys having somebody read to him.

G. Child can name a penny, nickel, and a dime, as he points to them.

H. Child says, "Hello", "Hi", "Thank you", and "Please" and directs others by saying, "Do this" or "Get that".

Physical Activities

A. Child can jump rope by himself.

B. Child can use the toilet without your help.

C. Child can roller-skate alone.

D. Child can dress and undress without help. (Except to tie his shoes.)

E. Child can draw a wagon or a triangle to resemble yours.

F. Child stays within lines when coloring simple pictures.

G. Child can move around his neighborhood alone.

H. Child understands how far from home you allow him to go.

Adopted from the book, Teach Your Child To Talk, written by Staff of Developmental Language and Speech Center, Grand Rapids, MT. To order, write: CEBCO/Standard Publishing Company, 104 Fifth Avenue, New York, NY 10011

MOTOR SKILLS

Age

1 month ___Reacts with mass motor activity to any stimulation. ___Hands kept fisted. ___Startles in response to sudden loud noises.

2 months ___Can hold up head for several seconds. ___Vigorous movements in bath. ___May smile when caressed. ___Some babbling.

3 months ___If a child is held erect, head wobbles slightly. ___Holds toy for short time. ___Inspects hands as he moves them about. ___Picks at clothing. ___Coos and chuckles.

4 months ___Rotates head from side to side while lying on back. ___Can hold head steadily erect if supported in a sitting position. ___Moves fingers; scratches. ___Reaches for toy and grasps it. ___Turns head toward a sound. ___Plays with hands or a rattle.

5 months ___Can momentarily support large fraction of his weight in standing position. ___Can roll over by rotating upper part of the body, flexing hips, and throwing leg to same side. ___Rolls from his back to face-down position.

6 months ___Holds head erect easily, and can rotate it. ___Supports self on outstretched arms. ___Can grasp rattle and transfer it from hand to hand. ___Fingers reflection in a mirror.

7 months ___Momentarily can hold trunk erect in a sitting position. ___Assumes crawl position with weight supported on one or both arms. ___Dances and bounces when held in upright position. ___Grasps rattle well with both hands. ___May inadvertantly drop object during hand-to-hand transfer. ___ Reaches out for people.

8 months ___Can support entire body weight on feet for short intervals. ___Pivots about by using arms. ___Bangs spoon on table in imitation.

9 months ___Can hold trunk erect indefinitely in sitting position. ___Can lean forward and regain sitting position. ___Can stand on toes. ___Assumes creeping position on hands and knees. ___Pokes objects using an index finger.

10 months ___Can pull self to knees and can stand with support. ___May attempt to wave "bye-bye". ___Drinks from cup when assisted.

11 months ___Can go from sitting to face-down to sitting position. ___Intentional finger release begins.

12 months ___Can lower self from standing to sitting by holding onto crib rails, chair, or other support. ___Cruises or walks about using support. ___ Reaches for objects, not only to grasp them, but also to use them. ___Rolls or throws ball rolled to him. ___May attempt to feed self awkwardly.

13 months ___Can creep on hands and knees. ___Has reached good proficiency in releasing or dropping objects.

15 months ___Can stand independently. ___Climbs stairs if one hand is held. ___Opens and closes small boxes.

18 months ___Good sitting balance. ___Can sit without support. ___Can get into high chair with difficulty, turn around, and sit down. ___In high chair, if he reaches for object, always places opposite hand on table to balance self. ___Stands with both feet on floor. ___Toddles about, but turns around poorly. ___Reaches almost automatically for near objects. ___Grasps small object with wide open hand. ___Opens drawers. ___Climbs onto chairs and beds. ___Throws ball. ___Brings toys on request. ___Feeds self. ___Attempts to put on clothing but without success.

20 months ___Stands on one foot with help.

21 months ___Begins to run. ___Can walk up flight of three steps alone. ___Kicks large balls. ___Scribbles spontaneously.

24 months ___Picks up objects from floor. ___Holding objects without dropping them. ___May step over chair in seating himself. ___Walks steadily if unhurried. ___Can imitate clapping, raising arms over head, revolving hands. ___Begins to hold crayon with fingers. ___Can turn pages singly.

3 years ___Stands with little conscious effort. ___Stands on one foot momentarily without support. ___Can walk and run on toes, walk in straight line, and jump off floor with feet together. ___Can catch

large ball with arms extended stiffly. ___Can ride tricycle with great dexterity. ___Can sit well, but reaches out somewhat awkwardly. ___ Can pick up small objects with ease. ___Handles crayons like an adult. ___Unbuttons front and side buttons of clothes, but has great difficulty in buttoning.

4 years

___Carries cup of water without spilling. ___ Takes pleasure in stunts, i.e., whirling, swinging, somersaulting. ___Can duckwalk. ___ Can catch ball, but uses arms more than hands in receiving the ball. ___Grasps cube neatly with thumb and middle finger, and smaller objects well with thumb and index fingers. ___Can adjust grasp to brush teeth.

5 years

___Keen sense of balance. ___Marches well in time to music. ___Less cautious in movements than four-year-old. ___Performs with greater speed, precision, and confidence than four-year-old. ___Shows great precision in use of tools (toothbrush, silverware, pencil). ___Can lace shoes and can build cube tower well. ___Can tie bow knot. ___Manipulates buttons well.

6 years

___Can stand on each foot alternately with eyes closed. ___Can bow gracefully. ___Reaches well. ___Movements of head, trunk, and arms are smoothly synchronized. ___Uses great care in building cube tower, and checks frequently on alignment.

REFERRAL

Regulations

To comply with Public Law 94-142 and USOE Final Regulations:

> Local Education Agency Applications: Prior Notice, Parent Consent. (§121a.504) There is no specified requirement for a referral system, however, parental consent prior to evaluation is required .....

Definition

A referral is a request for information. Depending on the need of the student or administration, two types of referrals should be available to determine the appropriate educational program for a child experiencing difficulty in the regular classroom.

1. An informal referral is made when consultative assistance or a minor modification in the student's program is believed to be sufficient to meet the student's needs. The student would be referred to the appropriate school personnel such as the principal, guidance counselor, attendance teacher, consulting teacher or supervisor. This type of referral is common school practice and no formal documentation is necessary. However, parental involvement is always advisable for cooperation and in the best interest of the student.

2. A formal referral is made when the student's needs seem to warrant further assessment by a psycho-educational evaluation. The person making the referral should provide the school record, reasons for referral, and a written description of the problem. Parental permission will be necessary if a formal assessment is to be done.

Characteristics of an Informal Referral

1. No formal documentation is necessary.

2. Informal referrals are most often consultative in nature.

Characteristics of a Formal Referral

1. The referral must contain a written description of the student's needs which specifically indentifies and describes the behaviors which initiated the request for further assistance and/or information.

2. The referral request must be signed and dated by the person initiating the referral.

3. The referral is submitted to the appropriate person.

4. The reason for referral must be educationally relevant.

5. The referral system should provide an effective and efficient means of communicating the need for evaluation services as the result of the awareness that a child is experiencing educational difficulties and might possibly profit from a special education placement or service.

6. The referral system should include a standardized referral form which makes provisions for: (a) child's name and other identification information, (b) reason for referral, (c) services requested, such as psychological testing, (d) person making the referral, (e) approval/disapproval by the building principal, (f) approval/disapproval by the parent(s)/guardian, (g) notification of the parents of rights under due process, and (h) an indication that action has been taken on the referral.

7. The referral system should be singular in purpose which is to communicate the need for services.

8. The referral system should include a monitoring procedure which will ensure that all referrals are acted upon and without undue delay.

Functions and Sequence of Activities to be Completed by the Team for Each Child Referred

Referral

Team notifies parents of referral.

Comprehensive Evaluation

Team specifies needed assessments.

Team obtains written parent permission for comprehensive evaluation.

Team assigns responsibilities for selected assessments.

Team members complete assigned assessments.

Referral for Evaluation

Initial Parent Contact

a. follow-up of referral

(1) Letter

(2) Telephone

(3) Home Visit

Purpose: To establish time and place of meeting and who the contact person (casefinder) will be.

b. initial contact with parents

(1) Visit maybe in home or other location

(2) Casefinder with parents establish goals of meeting

These goals could be or include:

(a) sharing of information about referral: who, what, when, where, and how

(b) establishing a rapport with parents--talk with parents in terms they will understand--do not revert to educational jargon

(c) get necessary forms (releases) signed

(d) obtain background information, re: child formal and informal

(e) see the child and informally observe child in setting

(f) varying degrees of acceptance/rejection and interaction with family

(g) inform parents of the process, estimated tentative timelines, sequence of events

(h) signature of parents for evaluation

(i) review session and recheck information for accuracy

(j) explain confidentiality and their rights

STATE DEPARTMENT OF EDUCATION
REFERRAL FOR EVALUATION

Name of Student _____

Address _____

Birthdate _____ Age ____ Sex ____ School _____ Grade ____

Parent/Guardian _____ Phone _____

Address _____

HEALTH DATA

List speech difficulties _____
Speech therapy? _____ Currently in therapy? _____ Agency _____
List hearing or visual problems _____
Date of last visual exam _____ Agency _____ Results _____
Date of last hearing exam _____ Agency _____ Results _____
List medication taken regularly _____ Reason _____
Frequency of medication _____ Date begun _____
Other pertinent medical or developmental information _____
_____

EDUCATIONAL DATA

List grade(s) repeated _____ List special education program attended _____
Please indicate any tests that have been given in these areas.

ACADEMIC FUNCTIONING	DATE	TEST	ACHIEVEMENT LEVEL	CLASSROOM PERFORMANC	
				S	U
1. Oral Expression					
2. Listening Comprehension					
3. Written Expression					
4. Basic Reading Skills					
5. Reading Comprehension					
6. Mathematics Calculation					
7. Mathematics Reasoning					

FOR AREAS IN WHICH ACHIEVEMENT TEST SOCRES ARE NOT AVAILABLE, CHECK CLASSROOM PERFORMAN
(S-SATISFACTORY U-UNSATISFACTORY)

Previous Testings: Date Test Given Agency

_____
_____

STATEMENT OF CONCERN (give specific information about work habits, self-concept, peer relations, attention, perceptual difficulties, and other classroom behaviors).

_____
_____

Date _____ Teacher's Signature _____

VISION CHECKLIST

Behaviors of Children With Vision Problems

1. Avoidance of close work.
2. Placing of head too close to book or desk while reading or writing.
3. Rigid or gross posture deviations.
4. Facial grimaces while doing seat work.
5. Unusual or fisted pencil grasps.
6. Excessively sloppy or very hard to read handwriting.
7. Poor eye-hand coordination.
8. Turns entire head as he reads across the page.
9. Reading problems such as:
   a. losing place
   b. need of finger to keep place
   c. omission of words or entire lines.
   d. repetition of words or lines.
10. Poor paper orientation:
    a. unusual rotation
    b. writing up or down hill
11. Makes errors copying:
    a. from chalkboard to paper on desk
    b. from book to notebook paper
12. Not able to cross midline on paper or in book.

Physical Signs of Vision Problems

1. Crossed eyes.
2. Eyes that turn out.
3. Eyes that move independent of each other.
4. Red, watery eyes.
5. Encrusted eyelids.
6. Frequent styes.
7. Frequent eyeblinking.
8. Excessive rubbing of eyes.
9. Closing, covering, or squinting.
10. Headaches in forehead and temples.
11. Burning, itching eyes after reading or desk work.
12. Blurred vision anytime.
13. Nausea or dizziness.
14. Seeing double.
15. Continuously dilated pupils.
16. Apparent use of only one eye.
17. Lack of, or sudden change of eye pigmentation.
18. Cloudy, hazy, or milky glass appearance of eyes.
19. Obvious straining - head thrusting and squinting.

OBSERVATION CHECK SHEET

VISUAL ACUITY and/or VISUAL FORM PERCEPTION

	Yes	No
1. Does the student:		
a. Hold his book too closely while reading?	___	___
b. Hold his book too far away while reading?	___	___
c. Hold his book at an odd angle?	___	___
2. Does the student avoid work requiring concentrated visual attention?	___	___
3. Does the student have uncontrollable rapid jumping of eyes?	___	___
4. Does the student rub his eyes often while reading or while engaged in other visual tasks?	___	___
5. Does the student seem to learn better if he listens to someone talking or reading aloud to him?	___	___
6. Does the student demonstrate facial contortions while engaged in visual tasks, including squinting?	___	___
7. Does the student move his head or trunk excessively during visual tasks instead of moving his eyes?	___	___
8. Does the student appear to be awkward or clumsy?	___	___
9. Does the student frequently run into objects?	___	___
10. Does the student seem unusually slow at mastering the tool skills?	___	___
11. Does the student mispronounce, omit, or substitute sounds or words when he reads?	___	___
12. Does the student cover one eye and/or slant his head excessively while engaged in visual tasks especially seatwork?	___	___

HEARING CHECKLIST

Behaviors of Children With Hearing Problems

1. Requests repetitions of what was said.
2. Confusion of what was said.
3. Constant visual scanning of speakers face.
4. Ignoring of misinterpretation of what was said.
5. Indifference to music, work-rhyme games, television, or record player.
6. Inefficiency in: attention, anticipation, concentration, and judgment.
7. Intense preoccupation with things, not people.
8. Yelling or screeching to express pleasure or annoyance.
9. Reliance on visual clues.
10. Inattentive during verbal tasks, such as story time, "listening" time, films, recorded tasks.
11. Lack of understanding if speakers back is turned.
12. Difficulty locating the sound source.

Physical Signs of Hearing Problems

1. Frequent ear aches.
2. Complaints of ear difficulties.
3. Frequent colds with ear discharge.
4. Dizzy spells.
5. Speech defect.
6. History or signs:
   a. upper respiratory infections.
   b. chronic middle ear trouble
7. Constant runny nose.
8. Chronic cough.
9. Allergies.
10. Bad odors from the ear/s.
11. Very soft or very loud voice.
12. Pulling or digging at ears.
13. Turns t.v. or radio loud.

OBSERVATION CHECK SHEET

PERCEPTION	Yes	No
1. Does the student have trouble paying attention?	___	___
2. Does the student have to have directions repeated frequently?	___	___
3. Does the student have poor articulation when speaking or reading?	___	___
4. Does the student have trouble following directions?	___	___
5. Does the student learn better when he uses his eyes or hands?	___	___
6. Does the student have to watch the teacher's lips closely as she talks to him?	___	___
7. Does the student make errors in work placement in a sentence?	___	___
8. Does the student use incorrect tenses of verbs?	___	___
9. Does the student omit conjunctions and prepositions?	___	___
10. Does the student use simple words when describing things?	___	___
11. Does the student have frequent ear aches?	___	___
12. Does the student have difficulty learning the meaning of words?	___	___
13. Does the student talk more loudly than others in the classroom?	___	___
14. Does the student have more trouble with consonants than with vowels?	___	___
15. Does the student have poor phrasing and rhythm of speech?	___	___
16. Does the student confuse words like cat-pat, bad-bed, and sat-sad?	___	___
17. Is it difficult for the student to adjust to the volume of his/her voice?	___	___

Behavior Characteristics of the Child with Learning Disabilities

What behavior should alert the teacher to possible learning disabilities? The Psychological and Testing Department of the Tulsa Public Schools in a 1969 publication identified these characteristics:

1. Disorganization

   The child is unable to organize or to pay attention to the materials at hand in an orderly fashion, but responds in a meaningless and disorganized way. He is unable to plan any self-directed activity, or to follow directions given to him by anyone. This frequently is the child of whom the teacher says, "He does not finish his work."

2. Distractibility

   Every stimulus around him seems to draw his attention from the main one. He is diverted by each footstep or falling crayon; he focuses on a flaw in the desk. While getting ready for school the child happens to see some toys; he may begin to play cars and trucks and forget about getting dressed.

3. Preserveration

   This is repetitive behavior. The child is unable to shift his response even when it becomes inappropriate. He responds automatically with a previous response. "The needle gets stuck in the groove." He may continue to add when the sign calls for subtraction. A change in activity may upset him; his responses are inflexible. He may, when asked to go for a ride, balk. But when the ride is over, he may not want to get out of the car.

4. Disassociation

   The child is unable to pull a stimulus from its background in one or more sensory modes. Auditorily, he may not be able to separate background noises from that which he is supposed to hear. Visually, he may confuse the outlines of the main stimulus with the background of the picture. He may find it difficult to separate a word from the mass of words on a page; he may not be able to find the answer in print even though he knows the answer.

5. Impulsivity

   This term refers to sudden acting out poorly controlled behavior, or acting without thinking. The child seems to need motor activity regardless of its meaningfulness at the time. He suddenly kicks his friend's blocks tower and ruins it; he marks up his own or a friend's work with a crayon. He is not angry; it is simply an impulse. He may twist arms or speak out in class. He is frequently accident prone.

6. Hyperactivity

The child moves about from one thing to another, talks constantly, asking questions without waiting for an answer. He seems unable to focus his attention on one thing for more than a few seconds. He finds it difficult to go to bed or to sleep. He can't turn himself off.

7. Catastrophic Reaction

The child may become threatened very easily because of his general confusion about the world. He loses control of himself. He may cry easily, or become immobilized, or have temper tantrums when the situations do not warrant such reactions. His emotional reactions are always excessive; sometimes, he is uncontrollable. Minor issues become major ones to him. His frail ego cannot tolerate even the mildest threat.

8. Lack of Ability to Generalize

The child seems to understand only specific or concrete behavior. Everything is seen "just as it is" and never as part of a whole. He can see two apples, but may not see two horses. He may see something and know it on one page and not recognize it at all on the next page.

9. Specific Learning Deficits

The child usually cannot read at grade or age level. He frequently has difficulty with arithmetic, and is a poor speller. His inability to think abstractly or deal with whole-part relationships will cause him much difficulty in most school subjects. He may have deficits in one or more modalities, i.e. a deficity in the auditory modality may make the phonetic keys method difficult or a deficit in the visual modality may result in "sloppy writing."

Policy Concerning Educational Evaluation

Philosophy:

The Oklahoma State Department of Education has always maintained that Special Education is a part of, not apart from, regular education. To assign a child to a program which differs from that provided his peers, must be done on the basis of its relevancy to the provisions of an adequate education for that individual and his specific needs and abilities. Assignment to a regular program can be as restrictive to a child's freedom to learn as would inappropriate assignment to some special program. Proper evaluation of the individual's ability to function is vital to the provision of adequate educational placement.

The Department recognizes that test scores are a reflection of the interaction of the Individual's ability with his environment. They reflect the individual's functioning at that time, in the specific situation and must be used cautiously and inconjunction with other evidence, i.e., environment, social and economic status, prior behavior in classrooms, on classroom work and any other evidence available to support recommendations for specific educational programming. To the extent possible categorization should be for educational purposes and should not be permanent until sufficient evidence is accumulated to justify specific diagnosis.

Continuous evaluation of the individual's performance behavior is a must. The results of the observation should be formalized at least yearly into specific statements recommending the best possible educational placement for the individual at that time.

The results of standardized tests will, of necessity, play a large part in the identification of students eligible for special services. No one test should constitute sufficient evidence to recommend special placement. Multi-factor tests and evaluations consisting of non-verbal and culture free items must be used in conjunction with other evidence before placement is recommended. To ensure adequate reliable testing, individuals competent in the use of varied instruments will be the only individuals recognized as qualified to make educational placement statements. The following section lists the type of professionals who will be allowed to make placement statements based on their administration and interpretation of individual tests.

<u>Procedural Safeguards</u>

A. Non-discriminatory Testing and Placement

Following are the procedures that have been adopted by the SEA to ensure that testing and evaluation materials and

procedures utilized for purposes of classification and placement of handicapped children will be selected and administered so as not to be racially or culturally discriminatory:

1. Written parental permission will be obtained before any individual evaluation procedures are carried out on a child where agency proposes to change placement of child.

2. Parents shall have the power to request the LEA to conduct an evaluation on their child when they feel he/she has need of a special education program.

3. The request for parental approval for individual evaluations will contain the following information: (1) the tests that are used in evaluations, (2) how long the evaluation of a child usually takes, and (3) the purpose of evaluation, etc.

4. The various evaluation materials and procedures used for purposes of classification and placement of handicapped children will meet a test of reasonableness in the eyes of competent professional persons and informed laymen; and such material and procedures will be administered by qualified persons under conditions which are conducive to the best performance of the child.

5. Upon request, parents will be given a report of the results of the evaluation by a qualified person to interpret evaluations results.

6. Whenever decisions are to be made which will affect the educational status of their child - including decisions based on both the initial evaluation and all subsequent reviews permission must be obtained from the parents before such decisions are implemented.

7. The intent or effect of the evaluation should be the development of an educational plan for the child, based on a description of his/her strengths and weaknesses. Whenever possible, parents should participate in the development of the educational plan for the child.

B. Parental Permission for Testing. When there is reason to believe that a preschool or school age child is in need of special education services, and such a child becomes the subject of individual evaluation procedures (formal testing, informal assessment, observation), then advanced written permission for such procedures to be used shall be obtained from the parents. The letter requesting permission for such testing shall contain the following:

1. The reasons for the evaluation must be stated, and the name of the person who initiated the process.

2. A statement of the right to refuse to permit the evaluation, with the understanding that the LEA can request a hearing to present its reasons and try to obtain approval to conduct the evaluation.

3. A statement of the right to review all relevant records and to be fully informed of the results of the evaluation, and

4. A declaration that the child's educational status will not be changed without the knowledge and written approval of the parent, or until the notice and due process procedures have been exhausted.

    a. Parents Refusal. If the parents refuse to give permission, the LEA should attempt to seek resolution through an individual conevaluation, the LEA should either accept the decision or appeal to the (State) Hearing Officer.

    If the LEA accepts parental refusal, the LEA must demonstrate with documentation that it has repeatedly attempted to contact and obtain permission by means of regular mail, telephone and home visits.

    If the LEA appeals to the State Hearing Officer, a full adversarial hearing will be held. In such a hearing, the burden of proof is on the LEA to establish with facts that there is reasonable likelihood that the child be found to have special needs.

C. Comprehensive Assessment

The assessment of a handicapped child in an LEA will be multifactored and multisourced. In order to provide a comprehensive view of the child from the prespective of the school, home, and community, the following information must be obtained and considered in the placement decision:

1. School Information. Information from the school will include but not be limited to an assessment of the following areas:

    (a) Educational Functioning: An assessment will be made of the child's functioning in relation to the academic program of the school; and the results of this assessment shall be expressed in terms of both the child's strengths and weaknesses. The assessment should be comprehensive, using a full range of available

instrumentation and observations, including diagnostic tests and other appropriate formal and informal measurements. Whenever intelligence tests are administered, the I.Q. score alone, shall not be used in making inferences about the child's level of intelligence or learning potential. The full test (including protocols, content, subtests, etc.) will be interpreted by the qualified examiner who administered the test.

Any "classification" of students for educational purposes shall consist of a description of the types of educational programs and services needed by each child to learn to the fullest extent possible in the school setting.

(b) Psychomotor and Sensory Development: An assessment also will be made of the child's psychomotor and sensory development, including audiological and ophthalmological or optometric examinations if deemed necessary.

(c) Adaptive Behavior: An assessment also will be made of the child's adaptive behavior in the school setting based on observations and records, and, where appropriate, the use of adaptive behavior scales.

2. Home Information. Information from the home will include (1) the child's adaptive behavior in the home, community and neighborhood, as perceived by his parents or guardians or principal caretakers, (2) the sociocultural background of the family, and (3) the child's health and developmental history.

D. Modivication of Procedures for Children with Linguistic or Cultural Differences.

No assessment will be attempted when a child is unable to respond to the tasks of behavior required by a test because of linguistic or cultural differences unless culturally and linguistically appropriate measures are administered by qualified persons. In those cases in which appropriate measures and/or qualified persons are not available, diagnostic-prescriptive educational programs will be used until the child has acquired sufficient familiarity with the language and culture of the school for more formal assessment.

Persons interpreting assessment information and making educational decisions will be qualified to administer the various measures and qualified to take cultural differences into account in interpreting the meaning of sets of data from both the home and the school.

Specific Qualifications

The Special Education Section has a continuing concern that children recommended for placement in special programs are in fact, in need of such placement. Standardized test data should be a part of evaluation information used in making placement recommendations. School achievement, general adaptive behavior and environmental information should also be included in the individual's record folder and be considered by the evaluation/placement team. Individuals qualified to administer tests and recommend placement in classes or programs for the mentally handicapped, programs for children with learning disabilities, and programs for the gifted/talented are:

1. Psychiatrists
2. Licensed Psychologists
3. Certified School Psychologist
4. Certified School Psychometrists
5. State Merit Board Qualified Examiners
6. Certified teachers
7. Certified School Counselors

A psychological evaluation is required for each child placed in a program with the exception of speech impaired.

For placement in classes or programs for the emotionally disturbed:

1. Psychiatrists
2. Licensed Psychologists
3. Certified School Psychologists
4. State Merit Board Qualified Psychologists

For placement in a class or program for the blind or partially sighted:

1. Medical Doctors
2. Ophthalmologists
3. Optometrists

For placement in a class or program for the deaf or hard of hearing:

1. Medical Doctors
2. Audiologists

For placement in a class or program for the physically handicapped:

1. Medical Doctors
2. Osteopaths

For placement in a class or program for the mentally handicapped or learning disabled:

1. Psychiatrists
2. Licensed Psychologists
3. Certified School Psychologists
4. State Merit Board qualified Psychologists
5. Certified School Psychometrists

For placement in a class or program for the speech and/or language:

1. Audiologist
2. Certified Speech Therapist
3. State Merit Board Qualified Speech Therapists

In the case of a child whose primary home language is other than English, the following conditions must be met:

1. The examiner is fluent in both English and the primary language of the home, or

2. There is available to the examiner an interpreter fluent in the primary language of the home, and

3. The test used must contain sufficient non-verbal material to enable a valid, reliable decision to be made as to the individual's probable level of educational functioning.

ASSESSMENT OF SEVERELY HANDICAPPED

Assessing the development of a severely involved, or pre-school child, requires a multifaceted approach. Reliance on such formal instruments as the WISC-R, Stanford-Binet, WIPPSI, etc., for the assessment of these children becomes inappropriate. Consequently, as casefinder or evaluator, one must put all the "old standby's" on the shelf and approach the assessment developmentally. As casefinders, you may be asked to administer a developmental scale or scales, or you may, as a part of your procedure, routinely administer a formal or informal developmental scale. There are many developmental scales, both formal and informal, which are available today.

Many times the casefinder or evaluator may choose to use one instrument or portions of several instruments. The developmental scale is the primary tool used in assessing the young or severely handicapped child's skills and developing of a prescriptive educational program. The comprehensive developmental scale will measure such areas as (1) medical, (2) motor, (3) communication, (4) cognition, (5) self-help skills, and (6) social skills. It is a wise choice to use two developmental scales as a comparison or complement to each other.

Those persons involved in the assessment of the infant, pre-school handicapped or severely handicapped children must keep in mind that the assessment of these children will be by reflex, skill, and total development rather than I.Q. or chronological age. In some cases, a severely involved child with a chronological age of eight years may have a developmental level (age) of six months. Consequently, one must consider programming and activities appropriate for the developmental level. We emphasize again, that Age Become Secondary to the Developmental Skills of the Child. The evaluator--casefinder, should examine available instruments for appropriateness. Many available instruments are more appropriate as screening devices. One of the most popular of these devices is the Denver Developmental Scale. The Denver Scale is frequently used by health departments and physicians. It should be remembered that the Denver is a screening device, and as such, is not a diagnostic instrument. Screening scales are just that, a screen of the child's abilities and development.

The developmental assessment process can provide an excellent opportunity to demonstrate and explain to the parents what they are attempting to measure and how the child should respond. Parental involvement and understanding of the assessment process if essential toward the establishment of a cooperative educational program.

STATE DEPARTMENT OF EDUCATION
EDUCATIONAL EVALUATION

Name:_____ Date of Test:_____

Grade:_____ Date of Birth:_____

Chronological Age:_____

WECHSLER INTELLIGENCE SCALE FOR CHILDREN—REVISED (WISC-R)

SCALED SCORES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	SUBTEST MEANINGS
1. Information 2. Similarities 3. Arithmetic 4. Vocabulary 5. Comprehension 6. (Digit Span)																				Info. from experience, education, long-term memory. Verbal reasoning, abstract thinking, categorization. Concentration, arithmetic reasoning. General expressive word knowledge, verbal fluency. Practical knowledge, social judgment. Attention, short-term auditory memory.
1. Picture Completion 2. Picture Arrangement 4. Block Design 4. Object Assembly 5. Coding 6. (Maze)																				Visual alertness, visual memory. Social awareness, visual comprehension, sequencing. Non-verbal problem solving, perception. Eye-hand assembly skills. Speed of eye-hand coordination, visual memory. Planning, following visual pattern.

← SUBNORMAL — AVERAGE — SUPERIOR →

Verbal IQ _____ Performance IQ _____ Full Scale IQ _____

Wide Range Achievement Test (WRAT)

	Grade Level	Standard Score
Reading	_____	_____
Spelling	_____	_____
Arithmetic	_____	_____

Bender Visual Motor Gestalt Test (BENDER)

Koppitz Developmental Score_____
Visual Motor Age_____
Mean_____ Standard Deviation_____
Normal Range_____

Stanford-Binet Intelligence Scale (BINET)

Mental Age_____
I.Q._____

Auditory Discrimination Test (WEPMAN)

Rating Scale Range_____
_____

Human Figure Drawing (H-F-D) Koppitz Scoring

Level of Mental Ability_____
_____

Developmental Test of Visual-Motor Integration (VMI)

VMI Age Equivalent_____

The type and number of tests will be determined by the individual needs of the student.

ACADEMIC FUNCTIONING

	DATE	TEST	ACHIEVEMENT LEVEL		DISCREPANCY
			Expected	Actual	
1. Oral Expression					
2. Listening Comprehension					
3. Written Expression					
4. Basic Reading Skills					
5. Reading Comprehension					
6. Mathematic Calculation					
7. Mathematic Reasoning					

SUMMARY OF TESTS EVALUATION

OTHER TESTS:

AREAS OF STRENGTHS:

AREAS OF WEAKNESS:

ADDITIONAL INFORMATION:

RECOMMENDATION:

MAY BE CONSIDERED FOR:

_____

_____ Examiner

_____ Date

DETERMINING ELIGIBILITY

The first decision that must be made by the I.E.P. team is eligibility for placement. This decision must be made within 15 days after the evaluation and is directly dependent upon the process of gathering information, and consists basically of matching evaluation information with criteria for eligibility by Oklahoma regulations. No determination of eligibility should be made without child evaluation; information that is comprehensive enough to determine whether or not the child meets these criteria. At this stage the team will need information necessary for making decisions as to whether or not the child meets criteria in one or more service categories, as defined by Oklahoma regulations.

Each LEA should make sure that its team is provided with a copy of the Eligibility Standards for Special Education placement and the team should review these criteria in relation to the child under consideration. They will then determine (1) whether or not the information available matches information required for determining eligibility, and (b) whether or not the child is eligible to receive special education services, under the definitions or categories approved by the Oklahoma State Department of Education. If appropriate information is not available, then the team must make arrangements to obtain it. If the information is available, then an eligibility decision can be made. If the child is not eligible, then the committee must decide what recommendations for services can be made to personnel in the regular education program.

Eligibility/Team: Within 15 days of receiving an evaluation report on each child that has been referred for evaluation, by either the parent or the LEA, the eligibility team will meet and determine if that child is eligible to receive Special Education or related services and (if that child is eligible, the team will, within 30 days of determining eligibility, develop an Individualized Education Program designed to meet the immediate education needs of that child. All may be done at one meeting by a single team).

1. Composition of team: The team will be composed of persons who directly or indirectly are involved in or influence the child's education success. This might include the parents and their community representative or advocate, various professional persons in the school, including the LEA Representative who acts as the chairperson, regular teacher, special teacher, psychologist, communication/speech therapist, counselor, and nurse. In addition, community related personnel including the social worker, minister and family physician, might also be appropriate.

2. Pre-Planning Functions: The chairperson will have the following resources available before beginning activities.

_____Necessary forms

_____Cumulative folders on each child

_____Guides for State requirements

Responsibilities of the chairperson involve:

_____Referral and child file reviewed

_____Team members and parents informed of meeting date, time and place

3. Planning and Implementation: The team reviews procedures, instruments and observations used to determine the child's level(s) of functioning and behavior and will evaluate the appropriateness of such procedures, instruments and observations with regard to each child's particular socioeconomic level and economic background. All team members will share in the decision making process. The team will be responsible for evaluating all the pertinent information about the child and making recommendations concerning the most advantageous program and the most appropriate placement in the least restrictive environment. The Individual Educational Plan (I.E.P.) will be completed and include the management program and educational design for the child. This includes the major goals, present levels of educational performances and specific services to be provided.*

Chairperson will have the responsibility for the placement statement.

____recording the team decision regarding eligibility

____obtaining team signatures on placement statement

____parent permission and signature obtained for placement

The chairperson will have the responsibility for the completion of the I.E.P. with the development of an appropriate program including:

____annual goals and objectives

____present levels of educational performance

____monitoring the program specified

____notifying the special education teacher(s)

Eligibility/Placement Activities (except L.D.)*

1. **Referral (Parent, Teacher or Principal)**

2. **Parent Permission for Testing**

3. **Psychological Information Received**

4. **Eligibility/Placement Committee Identified (except L.D.)***

   Parent___Regular Teacher___Special Teacher___LEA Representative___

   Other___

5. **Parent Contacted**

   By telephone, written communication, or home visit

6. **Eligibility/Placement Committee Convenes****

   1. **Determines Eligibility**
   2. **Writes I.E.P. (Management)**
   3. **Placement Determined**

*Eligibility for L.D. on following pages.

**This might be one team or could be two separate teams.

Determining Eligibility for Learning Disabilities

Regulations for identification of Learning Disabilities students provide that the eligibility decision must be made by a team. This team will observe the child in the classroom and submit a written statement concerning the academic functioning of the student.

Enclosed you will find three forms that can be used to provide information needed to make the eligibility decision:

Form 1 - REFERRAL FORM

The teacher referral form has been designed to reflect any achievement tests that have been given the student, particularly in the 7 areas designated as target areas. If the teacher indicates that the child is performing satisfactorily in any area, it will not be necessary to retest in that area.

Form 2 - PSYCHOLOGICAL REPORT

The psychological report will indicate whether or not the student has a severe discrepancy in any of the 7 areas. The expected grade level is used to determine if the student is achieving at his ability level. The referral form and the psychological form should be sent to the eligibility team at the school.

The chart is to be used to determine expected grade placement.

Form 3 - ELIGIBILITY

The eligibility team will consist of a regular teacher, an LD teacher and a person qualified to give individual diagnostic evaluations. They will meet as a team, evaluate the information gathered concerning the student and complete the eligibility form. This team can then become the Placement Team to write the IEP for the child, by adding an administrative representative and the parent.

This process is to be used for all new referrals. Students who have been previously declared eligible will not need to be reevaluated at this time. When the annual review of placement is held, the placement team will determine the need for further LD programming. When the student is re-evaluated at the end of 3 years, there will be a total re-evaluation and a new determination of eligibility.

STATE DEPARTMENT OF EDUCATION
LEARNING DISABILITIES - ELIGIBILITY TEAM SUMMARY

NAME_____ BIRTHDATE_____ SEX_____

CHRONOLOGICAL AGE_____ DATE OF REPORT_____

SCHOOL_____ GRADE PLACEMENT_____

Definition

"Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance or of environmental, cultural or economic disadvantage.

A severe discrepancy between achievement and intellectual ability must exist in one or more of the following areas:

1. Oral Expression
2. Listening Comprehension
3. Written Expression
4. Basic Reading Skills
5. Reading Comprehension
6. Mathematic Calculation
7. Mathematic Reasoning

If there evidence of a severe discrepancy between achievement and ability which is not correctable without special education and related services? Yes____ No ____

If yes, is the discrepancy primarily the result of:

(1) a visual, hearing or motor handicap? Yes ____ No ____
(2) mental retardation? Yes ____ No ____
(3) emotional disturbance? Yes ____ No ____
(4) environmental, cultural or economic disadvantage? Yes ____ No ____

If response if YES on any of these four (4) items, the student may not be classified as learning disabled.

Based upon the Oklahoma State Definition for learning disabilities and the criteria set forth by BEH, this student has a specific learning disability. Yes ____ No ____

What is the basis for making this determination?

_____

_____

_____

Relevant behavior (s) noted during the observation of the student:_____
Observer's Name

_____

_____

_____

Relevant behavior(s) (continued)_____

_____

_____

_____

What is the relationship of the behavior(s) listed above to the child's academic functioning?

_____

_____

_____

_____

Educationally relevant medical information:

_____

_____

_____

_____

_____

What effects do environmental, cultural or economic disadvantage have on this student's achievement?

_____

_____

_____

_____

Each team member shall certify whether this report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions. The multidisciplinary evaluation team must include the following:

_____ Yes____ No _____
Regular Teacher

_____ Yes____ No _____
Certified Specialist in the Area of L.D.

_____ Yes____ No _____
Qualified Examiner

Additional Diagnostic Personnel (if needed)

(1)_____ Yes____ No _____

(2)_____ Yes____ No _____

(3)_____ Yes____ No _____

REFERRAL FOR EVALUATION (State Approved Form)

School District_____ No._____ County_____

Name of Student_____ Birhtdate_____ Grade_____

I have referred the above-named student to _____ for an appropriate evaluation to determine the need for special services.

Reason for Referral:

_____ Evaluation for possible placement in a Special Education Class.
_____ Evaluation for teacher information.
_____ Evaluation for a prescriptive teaching plan. (Check only if the teacher agrees to implement the plan and agrees to assist in conducting a follow-up evaluation to determine the effectiveness of the plan).

_____ _____ _____ _____
Signature of School Administrator Date Signature of Teacher Date

To obtain test data, as part of a total information package, needed to make informed recommendation for future educational programming, an assortment of tests will be given from the following list of selected educational tests:

1. Wechsler Intelligence Scale for Children
2. Bender Visual-Motor Gestalt Test
3. Wepman Auditory Discrimination Test
4. Goodenough-Harris Draw-A-Man Test
5. Illinois Test of Psycholinguistic Abilities
6. Stanford-Binet Intelligence Scale
7. Wide Range Achievement Test
8. Vane Kindergarten Test
9. Peabody Picture Vocabulary Test
10. Peabody Individual Achievement Test
11. Other

STATEMENT TO PARENTS

1. You have the right to refuse permission for individual testing.
2. You have the right to request, receive and review all relevant records and be fully informed of the results of the evaluation.
3. There will be no change made in your child's educational placement without your receiving prior notice of recommended change and have given written approval of the recommendation.
4. Upon completion of your child's testing, the testing agency shall notify you in writing within two weeks that your child has been evaluated and that your school has the results.
5. Should you refuse permission for testing, the local school board may request a hearing to present its case for testing permission following due process procedure established by the State Board of Education.

REFERRAL STATEMENT

I hereby give permission for my child, _____, to be evaluated to determine what special services the school might have to offer and how such services might best serve the educational needs and interests of my child, and give consent to release this information for appropriate professional use.

_____ _____ _____
Signature of Parent or Legal Guardian Date Address of Parent or Legal Guardian

Programs for exceptional children may be approved for all of the following categories beginning at age four; however, for certain eligible children there is no minimum age.

PROGRAMS:	SELF-CONTAINED PROGRAM SIZE	
	Minimum	Maximum
Orthopedically Impaired	3	15
Children with Learning Disabilities	3	10
Educable Mentally Handicapped	3	15
Trainable Mentally Retarded	3	10
Severely Emotionally Disturbed	3	10
Multiple Handicapped	3	10
Speech Impaired (Not Self-Contained)	50	75
Deaf and Hard-of-Hearing	3	15
Visually Handicapped	3	15
Low incidence severely multiple handicapped children, i.e., deaf-blind; retarded-cerebral palsied; autistic and other children failing to thrive from birth	3	10

NOTE: Severely handicapped children may begin receiving special education services at birth. These children are operationally defined as those functioning 50% or more below normal expectancy for their age.

PLACEMENT (ELIGIBILITY) STATEMENT (State Approved Form)

School Year _____

School District_____County_____

Name of Student_____Birthday_____

School _____Grade_____

Student's Address_____Telephone_____

The following persons have met regarding the placement of the above named student. The consensus of this team is that the student is:

1. Eligible for Special Education Services for the _____ program.
2. Is not eligible for Special Education Services and should therefore remain in the regular education program.**

Placement Team:

Signature _____Position_____Date_____

Signature _____Position_____Date_____

Signature _____Position_____Date_____

Signature _____Position_____Date_____

I have been consulted and approve of the decision to place my child in a special education program designed for the _____exceptional child. A description of the nature and content of the special education program offered has been explained to me. I also understand that I have the right to request a review of the placement each year. The preceding has been explained to me in my primary language.

Signature of parent or guardian:_____Date_____

The above named student (shall) (shall not) receive special education services for the

_____

Signature of the chief school administrator:_____Date_____

**Recommendations for Service in the Regular Education Program:

_____

_____

_____

_____

_____

_____

TABLE TO BE USED IN DETERMINING

NOTE: Most theories on expectancy postulate a leveling off of growth i achievement, as related to ability, levels off is not known. To as the assumption of inability to learn beyond certain levels.

This chart in no way is intended to reflect specific levels of a to determine levels of functioning below which a child is actual

IQ's													
140	K-4	1.4	2.0	2.8	3.4	4.2	4.9	5.6	6.3	7.0	7.7	8.4	9.1
135	K-3	1.3	2.0	2.7	3.3	4.1	4.7	5.4	6.1	6.8	7.4	8.1	8.8
130	K-3	1.3	1.9	2.6	3.2	3.9	4.6	5.2	5.9	6.5	7.2	7.8	8.5
125	K-2	1.2	1.8	2.5	3.1	3.8	4.4	5.0	5.6	6.3	6.9	7.5	8.1
120	K-2	1.2	1.8	2.4	3.0	3.6	4.2	4.8	5.4	6.0	6.6	7.2	7.8
115	K-1	1.1	1.7	2.3	2.9	3.5	4.3	4.6	5.2	5.8	6.3	6.9	7.5
110	K-1	1.1	1.6	2.2	2.8	3.3	3.9	4.4	5.0	5.5	6.1	6.6	7.2
105	K-0	1.0	1.6	2.1	2.6	3.1	3.7	4.2	4.7	5.3	5.8	6.3	6.8
100	K-0	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0	6.5
95	MA 4.8	0.9	1.4	1.9	2.4	2.9	3.3	3.8	4.3	4.8	5.2	5.7	6.2
90	MA 4.5	0.9	1.3	1.8	2.3	2.7	3.2	3.6	4.1	4.5	5.0	5.4	5.9
85	MA 4.2	0.9	1.3	1.7	2.1	2.6	3.0	3.4	3.8	4.2	4.6	5.0	5.4
80	MA 4.0	0.8	1.2	1.6	2.0	2.4	2.8	3.2	3.6	4.0	4.4	4.8	5.2
75	MA 3.5	0.8	1.1	1.5	1.9	2.3	2.6	3.0	3.4	3.8	4.1	4.5	4.9
70	MA 3.5	0.7	1.0	1.4	1.8	2.1	2.5	2.8	3.2	3.5	3.9	4.2	4.6
	K	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0	6.5

YEARS IN SC

ED IN DETERMINING GRADE LEVEL EXPECTANCY

ng off of growth in the cognitive areas of functioning. The exact state where is not known. To anticipate learning beyond what can occur may be as dangerous certain levels.

ecific levels of achievement or nonachievement. The chart should be used only a child is actually achieving in order to be considered eligible for placement.

7.0	7.7	8.4	9.1	9.8	10.5	11.2	11.9	12.0	12.0	12.0	12.0	12.0	12.0	12.0
6.8	7.4	8.1	8.8	9.5	10.1	10.8	11.5	12.0	12.0	12.0	12.0	12.0	12.0	12.0
6.5	7.2	7.8	8.5	9.1	9.8	10.4	11.1	11.7	12.0	12.0	12.0	12.0	12.0	12.0
6.3	6.9	7.5	8.1	8.8	9.4	10.0	10.6	11.3	11.9	12.0	12.0	12.0	12.0	12.0
6.0	6.6	7.2	7.8	8.4	9.0	9.6	10.2	10.8	11.4	12.0	12.0	12.0	12.0	12.0
5.8	6.3	6.9	7.5	8.1	8.6	9.2	9.8	10.4	10.9	11.5	12.0	12.0	12.0	12.0
5.5	6.1	6.6	7.2	7.7	8.3	8.8	9.4	9.9	10.5	11.0	11.6	12.0	12.0	12.0
5.3	5.8	6.3	6.8	7.4	7.9	8.4	8.9	9.5	10.0	10.5	11.0	11.6	12.0	12.0
5.0	5.5	6.0	6.5	7.0	7.5	8.0	8.5	9.0	9.5	10.0	10.5	11.0	11.5	12.0
4.8	5.2	5.7	6.2	6.7	7.1	7.6	8.1	8.6	9.0	9.5	10.0	10.5	10.9	11.4
4.5	5.0	5.4	5.9	6.3	6.8	7.2	7.7	8.1	8.6	9.0	9.5	9.9	10.4	10.8
4.2	4.6	5.0	5.4	5.8	6.2	6.6	7.0	7.4	7.8	8.2	8.6	8.6	8.6	8.6
4.0	4.4	4.8	5.2	5.6	6.0	6.4	6.8	7.2	7.6	7.6	7.6	7.6	7.6	7.6
3.8	4.1	4.5	4.9	5.2	5.6	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
3.5	3.9	4.2	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6
5.0	5.5	6.0	6.5	7.0	7.5	8.0	8.5	9.0	9.5	10.0	10.5	11.0	11.5	12.0

YEARS IN SCHOOL

SDE - Special Education
Form No. 2-A

CATEGORICAL ELIGIBILITY STATEMENT

School Year _____

School District _____ County _____

Student _____ Birthdate _____

School _____ Grade _____

The following persons have met regarding the above named student. The consensus is that the student is <u>not</u> eligible for placement in a special education program.

Signature _____ Position _____ Date _____

Signature _____ Position _____ Date _____

Signature _____ Position _____ Date _____

Signature _____ Position _____ Date _____

Here are some recommendations for service in a regular program:

_____

_____

_____

_____

_____

_____

_____

_____

ELIGIBILITY STANDARDS FOR SPECIAL EDUCATION CLASSES

AREA	EVALUATION	ELIGIBILITY STANDARDS
Speech Correction	Screening process and Teacher recommendation	Specific indication of a disfunction in communication ability
Learning Disabilities	Psychological evaluation and academic diagnostic evaluation.	Must exhibit a severe discrepancy between achievement and intellectual ability in one or more of the following areas: 1. Oral expression 2. Listening Comprehension 3. Written expression 4. Basic reading skill 5. Reading comprehension 6. Mathematics calculation 7. Mathematics reasoning The determination of eligibility must be decided by a team. The team will prepare a written report of the results of the evaluation
Educable Mentally Handicapped	Psychological evaluation	IQ 50 to 75
Trainable Mentally Retarded	Psychological evaluation	IQ 30 to 50
Emotionally Disturbed	Psychological evaluation	Diagnosis of emotionally disturbed.
Hearing Impaired	Individual audiological evaluation	40 minimum decibel loss
Blind and Partially Sighted	Examination by Ophthalmologist	20/70 vision or less
Physically Handicapped	Recommendation from physician	Physically handicapped
Multi-handicapped	Recommendation from physician	More than one handicap, so severe that programming in a class for one handicapping condition would not ameliorate the problem.

Meeting to Develop the Individualized Education Program

There should be prior communication between professionals involved with the child to come to some rough concensus as to the child's functioning levels and disabilities, in addition to the interaction and hearing of information that is essential in developing an adequate program for a child. Parents should understand that the purpose of this communication is professional sharing to piece together the various bits of information; it is not a meeting from which any action shall flow.

Public Law 94-142 is very clear in stating that there shall be a meeting to develop the individualized education program, which persons shall attend, and what the outcome shall be. Meetings should be scheduled at the convenience of the parents. The focus of the meeting is to develop a program for the child, and the parents are to be considered the primary persons responsible for the child. Therefore, the parents should have the benefit of the doubt in terms of establishing the mutually agreeable time. The law requires that the school be able to demonstrate a true effort at establishing a meeting by documenting telephone calls, correspondence to the parents or even visits to the home.

The meeting should be chaired by the person referred to in the law as "representative of the local education agency.....who shall be qualified to provide, or supervise the provision of, specially designed instruction," (principal, direct of special education or counselor.) The chairperson is responsible for the various housekeeping duties associated with the meeting, such as arranging for a room and seating. A key role of the chairperson is setting the tone for the meeting, and he/she should encourage all professionals to speak in language that parents understand rather than using professional jargon. As a means of providing continuity, the meeting chairperson might present the levels at which the child is functioning, what the school proposes to be the annual goals and short term objectives and the specific services to be provided. The chairperson should be responsible for determining and noting when the services are to begin and what procedures are to be carried out for purposes of evaluation. The chairperson should also advise parents of their rights.

The child's teacher performs the function of explaining to the parents the various classroom techniques that will be used to meet the annual goals. Many of the specific objectives of the education program will be explained to the parent by the teacher. Ideally, the teacher would elaborate at the meeting on the materials, why one strategy was chosen over another and so forth. The teacher should be responsible for responding to any questions the parent might have on events that occur within the classroom. It is the role of the parent to act as the advocate for the child. Through the proper and defined channels, the parent may challenge the system if there are aspects presented within the individualized education program that are not desirable to them.

IEP DEVELOPMENT

OVERVIEW OF INDIVIDUAL EDUCATIONAL PROGRAM PROCESS

In meeting the basic intent of adequately serving the child's educational needs, the Individual Educational Program (IEP) becomes the basic foundation for the child's educational future. Quoting from the law itself, sections 4(a) (3) the following definition is provided:

> The term "individualized education program" means a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of specially designed instruction to meet the unique needs of handicapped children, the teacher, the parents or guardian of such child, and, whenever appropriate, each child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives, (C) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, (D) the projected date for initiation and anticipated duration of such services, and (E) appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

In interpreting this law in a practical vein, the IEP is seen as a "management tool", not a daily lesson plan. The IEP is not meant to be a daily lesson plan for teachers. Because annual goals and short-term objectives are required, the role of objectives has caused confusion. Objectives may be more or less specific depending on the makeup of the committee, but the intent of the IEP is to delineate an overall program for the child. We suggest that the child's teacher(s) may wish to treat the committee level objectives as classroom goals. The teacher may, in turn, develop more specific objectives for the child's monthly, weekly or daily plan.

For this teacher lesson plan, the signature of placement team members, or parent is not required. It is an "intervention plan" that gives specific objectives and evaluations procedures may also be delineated.

This option is not intended to place additional work on the special education teachers. Rather the placement team has the responsibility for a general IEP, and the special education teacher has the option, after working with the child to develop a more specific IEP.

The IEP must be developed BEFORE the child is actually placed in a special education program in order to be in strict compliance with P.L. 94-142. Further, the placement decision must be based upon the IEP. However, this does not preclude the IEP team from making an "eligibility" decision in the initial portion of the IEP placement process.

IEP TEAM

For all categories of special education except LD it is possible for a school district to use the same TEAM to evaluate, determine eligibility, and to write the IEP. However, in some instances, such as the LD eligibility team, it will be necessary to add team members, such as parents, to the eligibility team to make the IEP team complete. Also, in the case of student transfer, the sending school is responsible for insuring the IEP development and implementation by the receiving school. Both schools, along with the parent, are to be represented in the IEP development and review.

DEVELOPING THE INDIVIDUAL EDUCATION PROGRAM

ACCORDING TO P.L. 94-142, AN IEP IS A WRITTEN STATEMENT WHICH INCLUDES THE FOLLOWING:

1. A statement of present levels of educational performance
2. Annual goals
3. Short-term instructional objectives
4. Specific educational services to be provided, including the initiation date, and anticipated duration of services
5. Extent to which the child will participate in regular education programs
6. Appropriate objective criteria, evaluation procedures, and schedules for determining at least annually whether short-term instructional objectives have been achieved

AN IEP MUST ALSO INCLUDE:

7. The type of physical education program in which the child will participate
8. Any specific media and material which are needed
9. A justification for the type of educational placement which the child will have
10. A list of individuals who are responsible for implementing the child's IEP

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (STRENGTHS AND WEAKNESSES)

Levels of educational performance should include academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills, and self-help skills, if these are relevant to the nature of the child's problem. (You would not need to list vocational skills, if the only special education services needed are speech and language skills.)

ANNUAL GOALS

Annual goals should describe the educational performance to be achieved by a child by the end of the school year.
One of the most common questions teachers ask is, "How many goals should a child have?" There is no "right answer", as the number of goals a child should have depends upon his/her needs. A child

who is speech and language impaired may have only one or two goals, both of which address the child's need to improve his/her speech. On the other hand, a child who has a severe mental impairment has a greater number of needs and hence, a greater number of goals.

SHORT-TERM INSTRUCTIONAL OBJECTIVES

Short-term instructional objectives are measurable intermediate steps between a child's present level of performance on a skill and the desired level as stated in an annual goal (these short-term objectives are not to be confused with daily lesson plans, they should be 3-month, or 6-month objectives, leaving more specific steps to be included in the teacher's own instructional plan.

SERVICES TO BE PROVIDED

The Federal law requires an IEP to contain a list of "the specific educational services" to be provided to the child including the projected date for initiation and the anticipated duration of such services.

PARTICIPATION IN REGULAR EDUCATION PROGRAMS

The IEP must contain a description of the extent to which a child will participate in regular education programs. It is to be expected that many children with mild learning and behavior problems will be able to profit many regular education programs. To the extent that some of a handicapped child's goals may be implemented in a regular classroom by a regular class-room teacher, it is important for special and regular educators to work cooperatively to ensure the successful implementation of a child's IEP.

OBJECTIVE CRITERIA AND EVALUATION PROCEDURES

If the short-term objectives have been written measurably, the implementer can directly measure a student's performance on those objectives. While the law requires a minimum of one evaluation of performance on objectives per year, this provides too infrequent a measure of student performance. Measures of student performance should be taken frequently to determine if a child is making progress on short-term instructional objectives. (At the annual review special education teachers will need evidence to indicate the effectiveness of the specific teaching techniques they have been using.)

TYPE OF PHYSICAL EDUCATION PROGRAM

The proposed federal rules require that an IEP contain a description of the type of physical education program in which the child

will participate. In some cases, handicapped children can participate in regular education programs. In instances where this is not possible, some provision should be made to provide the child with a physical education program which is tailored to his/her needs. Physical education should be considered as an integral part of the total educational process and as such it should be included on a child's IEP.

SPECIAL MEDIA AND MATERIALS

An IEP must contain a description of any special media and materials which are required to implement a child's IEP. Special media and materials have been defined as a listing of "those media and materials which are unique, i.e., not typically used in regular classrooms, e.g., Braille writer, optical aids, large print books, etc.

JUSTIFICATION FOR PLACEMENT

A justification must be provided for the type of educational placement which is selected for a handicapped child. Justification for placement has been interpreted to mean "a list of reasons why the particular placement selected for a handicapped child is seen as the least restrictive environment (in terms of contact with non-handicapped children) in which the child can reasonably be expected to achieve the goals indicated on his/her IEP (although there is not an indicated space on our state form, it can be attached to the form.)

IDENTIFICATION OF IMPLEMENTERS

An IEP must contain a list of those individuals who are responsible for implementing a child's IEP. The list should include the names of the child's teachers as well as those individuals who will provide supportive services to the child.

P.L. 94-142 requires that everything that is needed in the child's educational program must be included on the IEP - tests to be given orally, tape recorder in class, speech therapy, physical therapy, counseling, transportation, special P.E., special teaching techniques, etc.

SUGGESTED INSTRUCTIONAL STRATEGIES

Use visual whole-word approach

Use auditory sound symbol method

Use Kinesthetic approach

Use drill and repetition

Use concrete situations and materials when possible

Use multi-media activities and equipment

Use programmed-like and programmed materials

Use praise

Use a calm, firm voice

Use manipulative devices and objects

Use uncluttered pages

Provide questions prior to oral or silent reading

Use chart stories with pictorial representations of vocabulary words to supplement basal reader

Use small group instruction

Give explanations for expected behavior

Use high interest, low vocabulary books

Use oral arithmetic problems based on daily life situations

Use strength areas for instruction

Remediate deficit areas (especiall. .)

Use life situations for problem solving

Give immediate praise and/or reward for positive behaviors

Use headphones in combination with visual stimuli

Use audio-visual equipment

Oral directions, oral stories, etc. should be accompanied by visual & Haptic input

Drill through games

Use varied time spans

Provide visual clues

Use clear dark dittoes

Provide a quiet environment

For writing use:
Visual to motor method
Visual to auditory to visual-motor method

Kinesthetic to visual-motor method

Use Grapho-vocal approach for spelling

Use look and spell method

Use part to whole approaches

Encourage questions

Use encouragement

Use total communication - speech, spelling, reading, auditory training, finger spelling, signing, gestering

Programming in the Least Restrictive Environment

Section 504 of the Vocational Rehabilitation Act and P.L. 94-142 both state that handicapped children should be educated with children who are not handicapped, to the maximum extent appropriate. This concept forms the basis of the requirements for a least restrictive environment (S84.35 of the Vocational Rehabilitation Act and S121a440 of P.L. 94-142).

The regulations of P.L. 94-142 further state that a continuum of alternative programs must be made available when implementing the least restrictive environment concept. Such a continuum, or "Cascade" framework places the needs of children in an educational context, thereby, reducing the emphasis upon clinical labels. Within such a "Cascade" framework, the program decisions for children can be made on the basis of the specific type of educational need. (such as trainable mentally retarded or learning disabled.)

An alternative program continuum, such as the "Cascade System";

emphasizes the child's educational needs and not a diagnostic label in making decisions.
shows that many exceptional children have problems that can be met in the regular classroom.
recognizes that a child's needs may change, causing him to move up or down the educational continuum.
promotes team decision-making based on evaluation of the child's current educational functioning and the current educational environment.
requires close working relationships between general education and special educators, if the alternatives potentially available to children are to be put into practice.

The following items are some of those the I.E.P. team should consider when determining the most appropriate least restrictive environment:

A. Chronological age.

B. Type and degree of impairment or disability.

C. Age at onset (birth or acquired).

D. Level of achievement.

E. Measured intellectual ability.

F. Social maturity.

G. Presence of multiple handicapping conditions (thus the need for related, non-educational services).

H. Ambulation or mobility (particularly important when considering crippled and other health impaired and visually impaired.)

I. Success of past and present placement.

J. Speech and language.

K. Wishes of student and student's parents.

L. Availability of services.

PARTICIPATION IN REGULAR EDUCATION PROGRAMS

121a.227

The LEA will adhere to the following placement requirements:

1. All students receiving special programming will be recommended for the most appropriate educational placement available by an evaluation/placement team developed within the LEA.

2. Written parental permission for each student in special programming will be on file with the LEA. Also, prior notice will be given to parents whenever decisions are to be made which will affect the educational status of their child — including decisions based on both the initial evaluation and all subsequent reviews, and permission must be obtained from the parents before such decisions are implemented.

3. An individualized plan for instructional and supportive services (IEP) will be designed for each child determined eligible for special education service.

4. To the maximum extent appropriated, handicapped children will be educated with children who are not handicapped, and that special classes, separate schooling, and other removal of handicapped children from the regular educational environment will occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The LEA will support and/or utilize a variety of placement alternatives:

1. Regular classroom with special consultation to the regular classroom.

2. Regular classroom supplemented by the services of an itinerant teacher.

3. Regular classroom supplemented by the services of a resource-room teacher.

4. Part-time special education (i.e., services for students who spend most of their time in special classes, but participate with non-handicapped students in some activities).

5. Full-time special education (i.e., self-contained special classes).

6. Special day schools.

7. Homebound instruction.

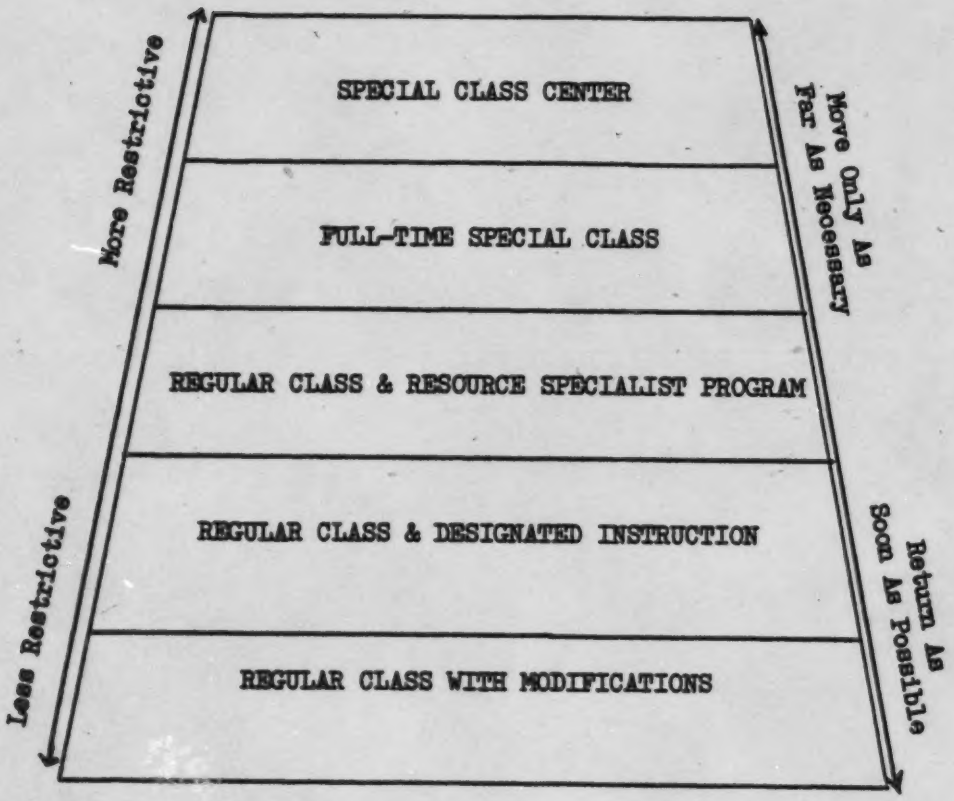
8. Residential schools.

9. Hospital school programs.

PROGRAM OPTIONS

LEAST RESTRICTIVE ENVIRONMENT

STATE RESIDENTIAL SCHOOL


SPECIAL CLASS CENTER
FULL-TIME SPECIAL CLASS
REGULAR CLASS & RESOURCE SPECIALIST PROGRAM
REGULAR CLASS & DESIGNATED INSTRUCTION
REGULAR CLASS WITH MODIFICATIONS
More Restrictive
Less Restrictive
Move Only As Far As Necessary
Return As Soon As Possible

ANNUAL REVIEW

In addition to initial placement conferences and/or I.E.P. meetings, the educational status and continued special education placement of each child shall be reviewed at least annually in a conference attended by those professional persons working with the student, the parents, the child, where appropriate, an administrator or designee who is qualified to supervise the provision of special education, and other individuals at the discretion of the parent or local district.

The team should utilize appropriate evaluation information, including teacher and parent opinions, the annual review shall determine the extent to which the child has met the objectives and goals as specified in the child's I.E.P. and recommend further evaluation in order to write a new I.E.P.

A reevaluation of the child shall be conducted every three years or more frequently if conditions warrant or if the child's parent or teacher requests an evaluation.

The following list of questions to be asked during the Annual Review serve as a guide for this evaluation process.

If the short-term objectives and the long-term goals have been met, the following questions should be asked:

-What goals and objectives will best serve as the next steps to progress in the student's education?

-Is the student reaching a point where he/she can exist in the regular educational program without special education or related services?

If the short-term objectives and the long-term goals have not been met, the following questions should be asked:

-Were the goals reasonable? If not, what goals would be more reasonable for the following year?
-Did the implementation of special services begin at an appropriate level for the student? If not, at what level should further programs begin?
-Did the student have the prerequisite skills for the program implemented?
-Were the steps of implementation too large for the student? If so, how can the steps be broken down?

-Were the methods, and procedures efficient and effective? What changes in these can be recommended?
-Did the teacher use the materials properly?
-Was the assignment of responsibility in the plan appropriate for achieving the goals? If not, how can it be amended?
-Did the teacher follow the IEP?
-Were the criteria set for matching the objectives and goal appropriate?
-Did the student make gains in other areas which were not a part of the goals and objectives?
-What can the Review Team do to improve their effectiveness as a team?

Annual Review of Placement

Date of Review_____

Child's Name_____Date of Birth_____C.A._____

Address_____Phone_____Parent_____

I. Present Placement/Program:

_____

_____

II. PROGRESS TO DATE: (Number of objectives met)

_____

_____

_____

III. RECOMMENDATIONS:

Continue in the same program near year ____
Transfer to next level of program ____
Return to full-time regular classroom ____
Explore other alternatives:
Specifically,_____

_____

_____

IV. ADDITIONAL COMMENTS:

_____

_____

PLACEMENT TEAM MEMBERS

_____, Chairperson

_____

_____

_____

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name _____
School _____
Date of Program Entry _____
Prioritized Annual Goals (Terminal Behavior)

_____
_____
_____
_____

Summary Statement of Present Levels
of Educational Performance (Strengths and Weaknesses)

_____
_____
_____
_____
_____

Short Term Instructional Objectives (Measurable)	Specific Educational and Support Services; Procedures/Techniques and Materials	Person(s) Responsible	Amount of Time	Beginning Date	Ending Date

99

72

73

SDE-Special Education Form No. 3

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name _____

School _____

Date _____

Prioritized Annual Goals _____

_____

_____

_____

Achievement Levels

Summary Statement of Present Levels of Educational Performance (Strengths and Weaknesse

_____

_____

_____

_____

_____

Short Term Instructional Objectives (Measurable)	Specific Educational & Support Services	Person(s) Responsible	Amount of Time	Beginning Date	Ending Date

74

75

INDIVIDUALIZED EDUCATION PROGRAM(con't)

Short Term Instructional Objectives (Measurable)	Specific Educational & Support Services	Person(s) Responsible	Amount of Time	Beginning Date	Ending Date

What evaluation procedures are to be used, on at least an annual basis, to determine whether objectives are being achieved?

Amount of time in regular classroom

Parent present: ____ Yes ____ No

Comments: _____

_____

_____

Date of annual IEP review: _____

Participants in IEP Development & Review

Parent: _____

Spec. Teacher: _____

Reg. Teacher: _____

Admin. Rep.: _____

TERMINOLOGY

IEP TEAM: Refers to the group of people charged with the following responsibilities: 1) obtaining information and conducting a comprehensive evaluation to be used as a basis for decision-making about a student, 2) determining a student's eligibility/need for special education programs and/or related services, 3) recommending special education placement, 4) developing, implementing and monitoring the Individual Education Program for each exceptional child placed in special education.

(IEP) INDIVIDUAL EDUCATION PROGRAM: IEP means a written statement for a handicapped child that is developed and implemented. The IEP must include: (a) a statement of the child's present levels of educational performance; (b) a statement of annual goals, including short-term instructional objectives; (c) a statement of specific special education and related services to be provided to the child, and the extent to which dates for initiation of services and the anticipated duration of the services; and (d) appropriate objective criteria and evaluation procedures and schedules for determining on at least an annual basis, whether the short-term instructional objectives are being achieved.

EVALUATION: Evaluation means valid procedures used to determine whether a child is handicapped and the nature and extent of the special education and related services that the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade or class.

ASSESSMENT: The totality of information needed to make decisions about the child, including information obtained from such sources as informal and formal testing (criterion-referenced and norm-referenced), behavior observation (formal and informal), work samples, social/developmental history, medical history, school records and anecdotal records.

Depending upon regulations and upon the kind of information needed for decision making, the areas covered by child assessment may include but are not limited by the following: medial, social developmental and educational history; child functioning in the areas of physical, cognitive and language development; educational functioning; occupational and career development and environmental conditions.

RELATED SERVICES: The term "related services" means transportation and such developmental, corrective and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology,

psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training.

SPECIAL EDUCATION: Special education means specially designed instruction, at no cost to the parent, to meet the unique needs of a handicapped child, including classroom instruction, instruction in institutions. The term includes speech pathology, or any other related service, if the service consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a handicapped child, and is considered "special education" rather than "related service" under state standards.

DUE PROCESS: A series of steps which assures the right of the parent and child to be fully informed and included in decision making at all steps in identification, child assessment, planning, programming and program evaluation.

CONFIDENTIALITY: Confidentiality refers to the procedures used by agencies for protecting personally identifiable information so that only authorized individuals may have access to the data without first obtaining permission from parents or guardians.

NATIVE LANGUAGE: Language used to communicate with others in the home.

REFERRAL: Referral is the process for bringing attention to the proper authorities for screening and/or evaluation of a child suspected of having a deficiency in his ability to learn.

MULTI-DISCIPLINARY: Refers to a child study approach utilizing professionals from various disciplines who have assessment and programming data concerning a student relative to their respective discipline(s).

MULTI-DISCIPLINARY TEAM: (SB121a.531 of Subpart E) - Multi-disciplinary team is a group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability. The child is assessed by the multi-disciplinary team in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

PUBLIC LAW 94-142: Refers to the Education for All Handicapped Children Act, signed into law on November 28, 1975, which assures that all handicapped children will have available to them a free, appropriate public education emphasizing special education and related services designed to meet their unique needs.

HANDICAPPED CHILDREN: The term "handicapped children" means those children evaluated as being mentally handicapped, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally distrubed, orthopedically impaired, other health impaired deaf-blind, multi-handicapped, or as having a specific learning disability, who because of those impairments need special education and related services. For specific definition see Bulletin #11.

CONSENT: Consent means that: (a) the parent has been fully informed of all information relevant to the activity for which consent is sought, in his or her native language, or other mode of communication; (b) the parent understands and agrees in writing to the carrying out of the activity for which his or her consent is sought, and the consent describes that activity and list the records (if any) which will be released and to whom; and (c) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time.

LEAST RESTRICTIVE ENVIRONMENT: Each public agency shall insure: (1) that to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and (2) that special classes, separate schooling or other removal of handicapped children from the regular educational environment occurs only when the nature of severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

NONDISCRIMINATORY TESTING: P.L. 94-142 requires that the manner by which testing and evaluation materials are selected and the procedures that are developed for evaluating and handicapped children are to be free of racial or cultural overtones. The proposed regulations for Section 504 of the Vocational Rehabilitation Act of 1973 also require an individualized evaluation before educational placement decisions are made for handicapped persons. Consequently, the following policy is provided for consideration:

NONDISCRIMINATORY PROVISIONS

For the purpose of developing an individualized education program for each child, the local, intermediate, or state education agency shall establish procedures requiring nondiscriminatory testing and evaluation practices.

* Assessment instruments shall be appropriately adapted when used with children of impaired sensory, physical, or speaking skills and must consider each child's age and socioeconomic and cultural background.

* Specialists implementing evaluation procedures must be familiar with local cultural, language, and social patterns and practices.

* Tests and similar evaluation materials shall be administered in the child's primary language, wherever appropriate.

* Interpreters, in the native language, and/or in sign language may be used throughout all phases of the evaluation.

* All communication with parents and the child shall be in the native language of the home.

* Local community norms shall be established when norm referenced tests are used.

* Criterion referenced instruments should be used.

* Developmental checklist(s) should be used when appropriate.

* Instruments shall be administered only by trained personnel according to the producer's instructions.

* Instruments shall assess specific abilities, not merely produce a single IQ score.

* No one result shall determine placement.

INDIVIDUAL EVALUATION REPORT: Refers to a written report which must be submitted by all personnel involved in evaluating a student for placement purposes and should include, at least, the reason for referral for evaluation, a review of the assessment findings, and recommendations for placement and programming.

NOTICE TO PARENTS

Confidentiality Procedures
121a.221
(121a.560-576)

Parents have the right to inspect and review any educational records relating to their children which are collected, maintained, or used to implement Part B of the Education of the Handicapped Act. This includes:

(1) The right to a response to reasonable requests for explanation and interpretation of the records;
(2) The right to request that the agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parents from exercising the right to inspect and review the records; (a minimal fee for copies of the records which are made for parents may be charged if the fee does not effectively prevent the parents from exercising their right to inspect and review those records); and
(3) The right to have a representative of the parents inspect and review the records.

The following persons may have access to the records:

Special Education Teacher
Regular Teacher
Administrator
Counselor
State Department of Education Personnel
Regional Education Service Center Personnel
Parents/Guardian
Student (if appropriate and 18 yrs old)

(List on a separate sheet and post along side this notice individuals by name and title who may have access to the records.)

Anyone not on this must have parental permission to see the confidential records. A form will be kept in each handicapped student's folder to record who saw the records, on what date, and the purpose of examination.

Records may be sent to another school district (or appropriate agency) if a student moves or transfers. The release of student information will adhere to the following guidelines:

I. The following types of information may be released WITHOUT written parent permission. Parents will be sent a written notice that the records have been released and to whom:

A. Basic Identifying Information

1. Name and sex
2. Birthdate and birth place
3. Home address and telephone number
4. Parent or guardian name, address, and telephone number
5. Names and dates of school attendance, location, and principal's name
6. Current halth information, e.g., allergies, diseases, immunizations

B. Functioning or Performance Information

1. Results of group standardized achievements tests
2. Results of group standardized intelligence and aptitude tests
3. Academic information

CHILD IDENTIFICATION
121a.220

A. Awareness

A local Education Agency campaign will be organized and implemented (on an annual or ongoing basis) to generate referrals for screening and to inform and educate community members concerning the right to a free and appropriate education for all handicapped children. The campaign will be conducted in a systematic manner to emphasize:

1. Handicapping conditions
2. The availability of special education programs
3. Other services available to remediate and ameliorate various handicapping conditions
4. The process of gaining entry into available special education programs and related services

The public information campaign will utilize a variety of strategies, materials and media to communicate effectively with a diverse and scattered population. For example, the campaign will:

1. Place ongoing advertisements, news releases, and feature articles in newspapers and agency newsletters
2. Schedule monthly advertisements, new releases, spot announcements, and interviews in a statewide public broadcasting system, radio and television
3. Create, design and place posters, bulletins, and brochures in appropriate locations
4. Distribute referral postcards in: doctor's offices, school mailings, utility bills, church bulletins, welfare checks, community stores, and libraries
5. Provide community groups with personal contacts via speakers, forum, educational training, and interviews with school personnel
6. Disseminate information and otherwise promote the education of all handicapped children within the state.

B. Screening

A system will be established for screening suspected exceptional children to determine those who need to be referred for evaluation/assessment. The basic types of screening are:

1. The educational screening of every kindergarten, first and second grade student in every school district in the state to be administered through the twenty State Regional Education Service Centers in accordance with Section 8 of S.B. 581.

2. General screening for specific existing programs or specific programs being planned by LEA, such as speech correction, learning disabilities, etc.
3. The screening of specific individuals referred through the awareness campaign, such as those who are referred by teachers, parents/surrogates, self-referred, or referred by other.

C. Evaluation/Assessment

Diagnostic evaluation and assessment of handicapped children will utilize a multi-disciplinary team approach. The type and extent of comprehensive evaluations of children will depend on the nature and severity of the handicapping conditions.

Diagnostic evaluations will assist the L.E.A. Special Education Personnel in making educational recommendations stated in:

1. Long-range goals
2. Short-term objectives
3. Processes of educational programming
4. Procedures for continuous evaluation of the child's functioning.

Diagnosis and evaluation will maintain various protective features (i.e.)

(1) Instruments and procedures will be selected which measures behaviors and do not discriminate against various cultural and ethnic groups.

<u>No assessment will be attempted when a child is unable to respond to the tasks or behavior required by a test because of linguistic or cultural differences unless culturally and linguistically appropriate measures are administered by qualified persons.</u>

(2) Diagnosis and evaluation of children will be conducted by appropriate and qualified personnel from one or more of the following agencies:

a. Local Educational Agency (Special Services Personnel)
b. Regional Education Service Center (K, 1 and 2 is the priority of RESC's as mandated by S.B. 581 and 704)
c. County Guidance Center
d. County Health Department
e. other

(3) Consent of parents or guardians will be secured prior to any formal evaluation procedures.

(4) Parents or guardians shall be given the right to appeal the results of decisions derived from comprehensive evaluations of their child.

(5) Diagnostic evaluation records will be maintained as confidential and shall be made available to the child's parents or guardians.

D. Placement

A child's eligibility for placement in a program of special education will be in accordance with the criteria for eligibility as specified in the State Department of Education's Guidelines.

In order to provide a comprehensive view of the child from the perspective of the school, home, and community, the following information will be obtained and considered in the placement decision:

1. School information

   (a) Education Functioning
   (b) Psychomotor and Sensory Development (if necessary)
   (c) Adaptive Behavior (where appropriate)

2. Home/Community Information

   (a) Adaptive behavior in the home, community and neighborhood
   (b) Socio-cultural background of the family
   (c) Child's health and developmental history

FULL EDUCATIONAL OPPORTUNITY GOAL: TIMELINES
121a.222

SAMPLE GOAL I

By FY 1980, all SEVERELY handicapped children, ages 0-3, all handicapped children, ages 4-17, and all handicapped children, ages 18-21, who have not received a minimum of 12 years of education beginning at grade one, will be provided full educational opportunities in programs meeting standards established and approved by the State Department of Education.

SAMPLE GOAL II

By FY 1985, all handicapped children, ages 0-21, will be provided full educational opportunities in program meeting standards established and approved by the State Department of Education.

PRIORITIES
121a.225

FIRST PRIORITY

4-18 Unserved

0-3 Severely Handicapped

19-21 Unserved, Less than 12 Years of Education

SECOND PRIORITY

4-18 Inadequately Served

10-21 Inadequately Served

3 Unserved, Not Severely Handicapped

0-2 Unserved, Not severely Handicapped

Child Identification

Inservice